

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
FRIENDS OF CHARLIE WILSON

Mailing Address 7 CADIZ PIKE

City BRIDGEPORT State OH Zip Code 43912

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 06

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.27853

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
FRIENDS OF MAZIE HIRONO

Mailing Address PO BOX 677

City HONOLULU State HI Zip Code 96809

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: HI District: 02

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB21.28834

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
FRIENDS OF TAMMY DUCKWORTH

Mailing Address 416 W. 22nd St.

City Lombard State IL Zip Code 60148

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 06

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.27974

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)